

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017115

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC-21 779 294 ST 27830

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3786

FILED APR 25 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>915 N. Grand, St. Louis, Mo.</i>		Length of stay in 1b <i>48 days</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>VET. ADM. HOSPITAL</i>		d. STREET ADDRESS (If outside, give location) <i>7545 Mallard Dr.</i>	
3. NAME OF DECEASED (Type or print) First <i>HERMAN</i> Middle <i>G.</i> Last <i>NICOLAI</i>		4. DATE OF DEATH Month <i>April</i> Day <i>9</i> Year <i>1962</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>9/4/92</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <i>St. Louis, Missouri</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Herman Nicolai</i>		13b. MOTHER'S MAIDEN NAME <i>Lizzie Nicolai</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>Yes WW-1</i>		16. SOCIAL SECURITY NO. <i>4201</i>	
17. INFORMANT <i>KERWIN A. NICOLAI (SON)</i>		Address <i>8923 WABADAY AVE ST. LOUIS, 14, MO</i>	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>CARDIAC ARREST</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 YEARS</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>ARTERIOSCLEROSIS OBLITERANS</i> DUE TO (c) <i>4201</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>MYOCARDIAL INFARCT IN PAST</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>5:30</i> a.m. <i>A.M.</i> Month, Day, Year <i>2/20/62</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>VA</i>	20f. CITY, TOWN, OR LOCATION <i>2/20/62</i> to <i>4/9/62</i> and last saw him alive on <i>4/9/62</i>		
21. I attended the deceased from <i>5:30 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Sgt. Mirick</i> (Degree or title) <i>M.D.</i>		22b. ADDRESS <i>VAH, ST. LOUIS, MO.</i>	
22c. DATE SIGNED <i>4/9/62</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>4-12-62 Removal</i>	23b. DATE <i>Removal</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Natl. Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Jeff. Brks. Mo.</i>
24. FUNERAL DIRECTOR <i>Southern Funeral Home</i> <i>6322 S. Grand, St. Louis, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>APR 10 1962</i>	
26. REGISTRAR'S SIGNATURE <i>Loan Smith. M.D.</i>			

USE BLACK INK

OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision. _____

Student _____
Signature of Student Embalmer

Signed _____

James O. Dill

Licensed Embalmer No. _____

4347

P. O. Address _____

6322 So Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.